



HEALTH INSPECTIONS
448 STATE HWY. 75 N.
HUNTSVILLE, TX 77320
PH. 936/294-5717
FAX 936/294-5701

ITINERANT RESTAURANT PERMIT

FEE \$18.00*

(If more than 3 days or more than once every 3 months)

Applicant Name: _____

Applicant Address: _____

City, State & Zip Code: _____

Phone # (s): _____

**Check, Cash or Money Order must accompany permit application.
Permits are valid 15 days and must be posted in public view.
One employee or volunteer needs a Food Handler Card.*

FOOD EVENT INFORMATION

Location (Street or Bldg.): _____

Date(s) of Food Production: _____

(Maximum 15 days)

Foods Served to Public: _____

↓(Please print name here)↓

I _____, agree to comply with the Texas Food Establishment Rules §229.170 for Temporary Food Establishments. I understand that noncompliance of these rules may result in a citation fine not more than \$2,000.

(Applicant's Signature)

(Date)

(City Health Inspector)

(Date)